

Philadelphia Prison System

Inmate Grievance Form

CFCF ☒
 DC ☐
 HOC ☐
 PICC ☐

Check box only if grievance is regarding Medical Services ☐

Name Robert TAYLOR

Housing Unit B2-1

Intake Number _____

Police Photo Number 946529

Description of Grievance, Incident or Problem
 (include date and time of incident)

DUE TO MY RELIGIOUS PRACTICE AND DOCTRINE. AM CURRENTLY
 OBSERVING AND IMPLEMENTING MY RELIGIOUS DIETARY OF NOT EATING
 AND DRINKING DURING DAYLIGHT HOURS. SINCE BEGINNING MY
 RELIGIOUS PRACTICE OF THIS FOOD DIETARY I HAVE NOT BEEN
 RECEIVING MEALS ON TIME AT SUNDOWN AND HAVE BEEN SERVED
 MEALS 1 TO 2 HOURS AFTER MEAL (FOOD) IS DUE TO BE EATING.
 ALSO HAVE NOT RECEIVED HEALTHY, NUTRITIOUS, SUFFICIENT MEALS
 (FOOD) IN ACCORDANCE WITH PRACTICE AND BELIEF OF RELIGIOUS
 DIETARY. THIS BEGAN AND HAS BEEN HAPPENING STARTING FROM
 DATES ON/AROUND 6-6-2016 TO 6-10-2016 CURRENTLY

Action Requested by Inmate:

SERVE NUTRITIOUS SUFFICIENT MEALS ACCORDING TO RELIGIOUS
 BELIEFS PRIOR TO DAYLIGHT ENDING SO I MAY BE ABLE TO EAT
 AS SOON AS REQUIRED

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

MENTIONED TO FACILITY OFFICIALS AT START OF RELIGIOUS PRACTICE

Date that you are depositing this Grievance in a grievance box:

Robert Taylor
 (Signature of Grievant)

6-10-2016
 (Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

ASD ☐
 CFCF ☒
 DC ☐
 HOC ☐
 PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☐
 Name ROBERT TAYLOR Housing Unit B2-1
 Intake Number _____ Police Photo Number 946529

 Description of Grievance, Incident or Problem
 (include date and time of incident)
12-20-16CURRENT CONTINUES PROBLEM.

BEING DENIED PROPER AREA FOR RELIGIOUS SERVICES AND PRAYERS.
THE INSTITUTION PROVIDES DESIGNATED PROPER AREAS FOR THESE
RELIGIOUS DUTIES EVERYDAY A NUMBER OF TIMES A DAY FOR ALL
THOSE OF RELIGIOUS STATUS. HOLDING CELLS ARE IN APPROPRIATE AND
INADEQUATE FOR THESE DUTIES, PRAYERS AS THERE IS OVERCROWDED
CONDITIONS WHICH THERE'S NO ROOM AND IT'S AGAINST MY RELIGION
TO PRAY NEXT TO A TOILET. AS WELL AS OTHER ISSUES - BARRING.
PROHIBITING, NON-ALLOWANCE AND DISCOURAGEMENT FROM RELIGIOUS
PRAYER OR SERVICES ON THE HOUSING BLOCK ARE CLEARLY AGAINST
INSTITUTIONAL POLICY.

Action Requested by Inmate:

PROPER AREA TO PERFORM RELIGIOUS DUTIES, PRAYERS EACH DAY THE
AMOUNT OF TIMES A DAY AS REQUIRED AND NON-INTERFERENCE
ON HOUSING BLOCK WHEN OPEN FOR ACTIVITIES.

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

BROUGHT THIS TO OFFICIALS. ALSO ADDRESS THESE ISSUES IN
JUNE OF 2016.

Date that you are depositing this Grievance in a grievance box:

Robert Taylor
 (Signature of Grievant)

December 21, 2016
 (Date)

Attachment J.F. 10.a

PHILADELPHIA DEPARTMENT OF PRISONS INMATE GRIEVANCE FORM	
<input type="checkbox"/> ASD <input checked="" type="checkbox"/> CFCF <input type="checkbox"/> DC <input type="checkbox"/> HOC <input type="checkbox"/> PICC <input type="checkbox"/> RCF	
NAME: <u>ROBERT TAYLOR</u>	HOUSING UNIT: <u>B2-1</u>
PID: <u>946529</u>	INTAKE NUMBER: <u>1522426</u>
Check box only if grievance is regarding Medical Services <input type="checkbox"/>	
Description of Grievance, Incident or Problem (Include date and time of incident)	
<u>MARCH 3, 2017</u> <u>2:24 PM</u> <u>INSTITUTIONAL Deprivation of Religious exercise</u> <u>Religious Friday service which is to be held weekly. Did not</u> <u>TAKE PLACE. This Belief And exercise of my religious Faith</u> <u>Have been Denied me. Even for periods of up to (two) 2 months</u> <u>without taking place. There is also no daily provisions made</u> <u>or allowed for my everyday prayers or assembly. There is</u> <u>no provided or access to a minister of my religion. Other</u> <u>Religions in institution have this and are provided religious</u> <u>prayers and service area which they attend leaving off the</u> <u>Housing area for up to (3) three times a day. There has</u> <u>and is constant continual institutional discrimination</u> <u>and harassment, infringement of my religion.</u>	
Action Requested by Inmate:	
<u>DAILY Access to area for prayers and service, religious minister for my</u> <u>religion in the institution, and for religious mandatory service to take place weekly.</u> See: Continuation of Grievance – Page 2 YES <input type="checkbox"/> No <input type="checkbox"/>	
Describe how and when you tried to resolve this Grievance informally. <u>mentioned this to officials prior to this Grievance</u>	
Date that you are depositing this Grievance in a grievance box: <u>MARCH 3, 2017</u>	
Signature of Grievant: <u>Robert Taylor</u>	Date: <u>MARCH 3, 2017</u>

EXHIBIT (D)

Philadelphia Prison System

Inmate Grievance Form

CFCF ☐
 DC ☐
 HOC ☐
 PICC ☐

Check box only if grievance is regarding Medical Services ☐

(Armband Name)
 Name Robert TAYLOR

Housing Unit B2-1 Cell 9

Intake Number _____

Police Photo Number 946529

Description of Grievance, Incident or Problem
 (include date and time of incident)

This matter is regarding medical. HAVE requested
 And need Vegetarian meals and Health shakes Also
 multivitamins w/ minerals. HAVE An Immune thyroid
 condition which requires this Proper dietary
 I HAVE been Losing weight, passing out and continuously
 getting sick

Action Requested by Inmate:

issuing Veggie meals shake, multivitamins/minerals and Diet TEAS

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

sent Request Form in TO medical Explained Also mention
 WAS seen And Explained All this Threw out month of Dec. 2015

Date that you are depositing this Grievance in a grievance box:

(Signature of Grievant)

1/1/16
 (Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing



SICK CALL REQUEST

Check one: Dental ✓ Medical Mental Health

Name: ROBERT TAYLOR Inmate I.D. Number 946529
(Print Name)

Social Security No.

Housing Unit: B2-1

Medical Problem (be specific): To The Doctor, I cannot eat the
regularly served food which makes me sick, nor any soy meat.
I've brought this notice since Entrance in Facility. To date I have lost
40 pounds and am struggling with my health. Need and request
special dietary trays of vegetarian meals, which you approve for
these circumstances. Respectfully requested

Inmate's Signature Robert Taylor Date: 12-26-16 Time: 10:25

FOR MEDICAL UNIT USE ONLY

Disposition:

Provider's Signature: Date: Time:



SICK CALL REQUEST

Check one:

Dental

☒

Medical

Mental Health

Name:

ROBERT TAYLOR

(Print Name)

Inmate I.D. Number 946529

Social Security No. _____

Housing Unit:

B2-1

Medical Problem (be specific): I Have Been receiving my special dietary

Sandwich pack with meat. I am prescribed under vegetarian no meat
AS labeled. Respectfully request that cheese (veg) be issued in
my sandwich pack so that I may eat as required without meat

Inmate's Signature

Robert Taylor

Date: 2-19-17

Time: 5:36 PM

FOR MEDICAL UNIT USE ONLY

Disposition: _____

Provider's Signature: _____

Date: _____

Time: _____

86-146



SICK CALL REQUEST

Check one:

Dental

☒ Medical

Mental Health

Name:

ROBERT TAYLOR

(Print Name)

Inmate I.D. Number

946529

Social Security No.

Housing Unit: B2-1

Medical Problem (be specific):

I was prescribed Health shakes for my special diet condition back in November of 2016 which I have never received. can I have this with nurse attending whom I send for checkup on Feb 13 or 14, 2017. I was told I would be getting a fill order of shakes. I am suffering daily and my physical condition is deteriorating. Respectfully request that I receive my Health shakes daily that are prescribed for me.

Inmate's Signature

Robert Taylor

Date: 2-22-17

Time: 2:35 PM

FOR MEDICAL UNIT USE ONLY

Disposition:

Provider's Signature:

Date:

Time:

Attachment 3.F.10.a

PHILADELPHIA DEPARTMENT OF PRISONS INMATE GRIEVANCE FORM	
<input type="checkbox"/> ASD <input checked="" type="checkbox"/> CFCF <input type="checkbox"/> DC <input type="checkbox"/> HOC <input type="checkbox"/> PICC <input type="checkbox"/> RCF	
NAME: <u>ROBERT TAYLOR</u>	HOUSING UNIT: <u>B2-1</u>
PID: <u>946529</u>	INTAKE NUMBER: <u>1522426</u>
Check box only if grievance is regarding Medical Services <input type="checkbox"/>	
Description of Grievance, Incident or Problem (Include date and time of incident)	
<u>TO ARAMARK - MARCH 11, 2017 6:37 PM</u> <u>DIETARY DEPRIVATION</u> <u>THIS FOOD DIETARY SERVICE HAS BEEN "DELIBERATELY</u> <u>INDIFFERENT" TO MY NEEDS. MY SPECIAL DIETARY HEALTH</u> <u>SHAKES WHICH WERE ISSUED TO ME NOVEMBER 2016 HAVE</u> <u>NEVER BEEN PROVIDED OR DISTRIBUTED TO ME BY ARAMARK DIETARY</u> <u>SERVICE. THIS HAS AND IS CURRENTLY CAUSING UNDOE SUFFERING</u> <u>AS MY PHYSICAL MEDICAL CONDITION OF (LOW BLOOD SUGAR, CHRONIC</u> <u>THYROID, ANEMIA PERIODIC LOW BLOOD PRESSURE, AND SEVERE WEIGHT</u> <u>LOSS, WHICH HAS AT A POINT REACHED 45 POUNDS BELOW WEIGHT.</u> <u>REQUIRES ME TO RECEIVE NUTRIENT HEALTH SHAKES.</u>	
Action Requested by Inmate:	
<u>TO RECEIVE DIETARY HEALTH SHAKES AS SOON AS POSSIBLE.</u>	
See: Continuation of Grievance – Page 2 YES <input type="checkbox"/> No <input type="checkbox"/>	
Describe how and when you tried to resolve this Grievance informally.	
<u>BOUGHT THIS MATTER TO OFFICIALS AND ADDRESS THIS MEDICAL DURING CHECKUPS,</u> <u>EVALUATIONS. LAST VISIT IN FEBRUARY 2017.</u>	
Date that you are depositing this Grievance in a grievance box: <u>MARCH 12 2017</u>	
Signature of Grievant: <u>Robert Taylor</u>	Date: <u>MARCH 11, 2017</u>



SICK CALL REQUEST

Check one:

Dental

☒ Medical

Mental Health

Name: ROBERT TAYLOR
(Print Name)

Inmate I.D. Number 946529

Social Security No. _____

Housing Unit: D1-1

Medical Problem (be specific): Need Asthma Inhaler Immediately

HAVE BEEN EMPTY OF ALBUTEROL RESCUE INHALER FOR DAYS. AM TIRED
AND HAVE BEEN SHOOT OF BACKACHE. EXTREMELY STRUGGLING. WAS INFORMED
BY PREVIOUS SICK CALL TO GET REFILL ON BACK FROM MEDS-LINE
BUT I WAS REFUSED. AND TOLD MUST GO TO MEDICAL. RESPECTFULLY REQUEST
TREATMENT AND REFILL AS SOON AS POSSIBLE PLEASE.

Inmate's Signature Robert Taylor

Date: 4-17-17

Time: 8:20 PM

FOR MEDICAL UNIT USE ONLY

Disposition: _____

Provider's Signature: _____

Date: _____

Time: _____

Attachment 3.F.10.a

PHILADELPHIA DEPARTMENT OF PRISONS INMATE GRIEVANCE FORM	
<input type="checkbox"/> ASD <input checked="" type="checkbox"/> CFCF <input type="checkbox"/> DC <input type="checkbox"/> HOC <input type="checkbox"/> PICC <input type="checkbox"/> RCF	
NAME: <u>ROBERT TAYLOR</u>	HOUSING UNIT: <u>01-1</u>
PID: <u>946529</u>	INTAKE NUMBER: <u>1522426</u>
Check box only if grievance is regarding Medical Services <input checked="" type="checkbox"/>	
Description of Grievance, Incident or Problem (Include date and time of incident)	
<u>APRIL 17, 2017 8:20PM Deliberate Indifference to medical needs</u> <u>I had to go to medical on morning of April 18, 2017 For Asthma Breathing</u> <u>Treatment due to severe shortness of breathe and Hyper ventilating -</u> <u>Asthma Attack, Later on same date awaited response of sick call request</u> <u>I submitted regarding this medical problem of needing my Breathing Inhaler</u> <u>Upon prior sick call was directed to meds-line for asthma inhaler renewal</u> <u>Went to meds-line and was sent back to medical, neither one tended to</u> <u>this Emergency medical need. As result of not having my medicine</u> <u>Am not able to talk, walk to much and have been short of breathe for a week</u> <u>to date. And Am suffering badly which can result in fatality.</u> <u>In violation of my constitutional and statutory rights secured by the</u> <u>Eight and Fourteenth Amendments</u>	
Action Requested by Inmate:	
<u>respectfully request for issuance of Albuterol Asthma Inhaler and any further</u> <u>appropriately needed medicine. so I can breathe</u>	
See: Continuation of Grievance - Page 2 YES <input type="checkbox"/> No <input type="checkbox"/>	
Describe how and when you tried to resolve this Grievance informally.	
<u>sick call request on April 17 2017 and before and discussed this with medical</u> <u>staff on April 16 + 17, 2017</u>	
Date that you are depositing this Grievance in a grievance box: <u>4-21-17</u>	
Signature of Grievant: <u>Robert Taylor</u>	Date: <u>4-21-17</u>

Attachment 3 F.10.a

PHILADELPHIA DEPARTMENT OF PRISONS INMATE GRIEVANCE FORM	
<input type="checkbox"/> ASD <input checked="" type="checkbox"/> CFCF <input type="checkbox"/> DC <input type="checkbox"/> HOC <input type="checkbox"/> PCC <input type="checkbox"/> RCF	
NAME: <u>ROBERT TAYLOR</u>	HOUSING UNIT: <u>D1-1</u>
PID: <u>946529</u>	INTAKE NUMBER: <u>1522426</u>
Check box only if grievance is regarding Medical Services <input checked="" type="checkbox"/>	
Description of Grievance, Incident or Problem (Include date and time of incident)	
<u>April 21, 2017</u> <u>on/around 10:00 AM</u> <u>MEDICAL DENIAL / DELIBERATE INDIFFERENCE</u>	
<u>GRIEVANT/INMATE went to medical for emergency Breathing</u> <u>Treatment for his asthma as Grievant/Inmate has been</u> <u>without inhaler for days. Grievant/Inmate was denied and refused</u> <u>treatment by triage medical staff reason given was that wheezing</u> <u>was not heard from his lungs and that's the only way to receive treatment</u> <u>after being repeatedly told by Grievant/Inmate that his lungs</u> <u>were constricted and he could not breathe but barely having short</u> <u>breaths Grievant/Inmate was told nothing could be done and that</u> <u>he was prescribed an inhaler a week before. Grievant/Inmate told</u> <u>medical staff that that was a different medicine which medical kept</u> <u>Grievant/Inmate does not have or use due to it making him sicker and</u> <u>having allergic reaction of throat swelling NAUSEA and other complications</u> <u>Grievant/Inmate is usually issued his ALBUTEROL medicine but</u> <u>for some reason now is being refused it. As result Grievant/Inmate</u> <u>is being put to undue suffering in violation of his constitutional</u> <u>and statutory rights secured by the Eight and Fourteenth Amendments</u>	
Action Requested by Inmate:	
<u>That Grievant/Inmate be given treatment and his proper</u> <u>medicine</u>	
See: Continuation of Grievance - Page 2 YES <input type="checkbox"/> No <input type="checkbox"/>	
Describe how and when you tried to resolve this Grievance informally.	
<u>Before this written notice on April 21, 2017 brought this to medical staff's</u> <u>attention as well as on April 17, 2017</u>	
Date that you are depositing this Grievance in a grievance box: <u>APRIL 21, 2017</u>	
Signature of Grievant: <u>Robert Taylor</u>	Date: <u>APRIL 21 2017</u>

Attachment 3.F.10.a

**PHILADELPHIA DEPARTMENT OF PRISONS
INMATE GRIEVANCE FORM**

☐ ASD ☒ CFCF ☐ DC ☐ HOC ☐ PICC ☐ RCF

NAME: ROBERT TAYLORHOUSING UNIT: D1-1PID: 946529INTAKE NUMBER: 1522426Check box only if grievance is regarding Medical Services ☒

**Description of Grievance, Incident or Problem
(Include date and time of incident)**

JUNE 25, 2017on/AROUND Time 10:00 pmDENIAL OF MEDICAL ATTENTION

GRIEVANT WAS BROUGHT IN CFCF MEDICAL UNIT FOR INJURY SUSTAINED IN FACIAL AND EYES AFTER BEING SPRAYED BY PRISON OFFICIALS WITH CHEMICAL COMPONENT. GRIEVANT WAS BLINDED AND IN EXCRUCIATING PAIN, AND HYPERVENTILATING AS GRIEVANT HAD ALLERGIC REACTION TO CHEMICALS. GRIEVANT WAS REFUSED TREATMENT AND DENIED TRANSPORT TO THE HOSPITAL. IN VIOLATION OF GRIEVANT'S CONSTITUTIONAL AND STATUTORY RIGHTS SECURED BY THE EIGHTH AND FOURTEENTH AMENDMENTS.

Action Requested by Inmate:

FOR ANY ARISING AND CURRENT MEDICAL ISSUES OF GRIEVANT TO BE TAKEN TO NEAREST HOSPITAL OR ANOTHER MEDICAL INSTITUTIONAL FACILITY FOR ALL HIS MEDICAL NEEDS AND ATTENTION FOR MEDICAL.

See: Continuation of Grievance – Page 2 YES ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

Began Formal Direct resolveDate that you are depositing this Grievance in a grievance box: JULY 7, 2017Signature of Grievant: Robert Taylor Date: JULY 7, 2017

VERIFICATION

IN COMPLIANCE PURSUANT TO 28 U.S.C. § 1746 – UNSWORN DECLARATIONS UNDER PENALTY OF PERJURY.

I verify that facts set forth are true and correct to the best of personal knowledge, information and belief. "I declare or verify under penalty of perjury that the foregoing document is true and correct."

Executed on

JULY 26, 2017

DATE

Robert Taylor

ROBERT TAYLOR

CERTIFICATE

IN COMPLIANCE PURSUANT TO 28 U.S.C. § 1746 – UNSWORN
DECLARATIONS UNDER PENALTY OF PERJURY.

I certify that facts set forth are true and correct to the best of personal knowledge, information and belief. "I declare or certify under penalty of perjury that the foregoing is true and correct.

Executed on

JULY 26, 2017

DATE

Robert Taylor

ROBERT TAYLOR

DOCUMENT 1 OF 3 - ORDER

THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

ROBERT TAYLOR

Plaintiff/Petitioner

V.

THE COMMONWEALTH OF PENNSYLVANIA

THE COMMONWEALTH COURT (CJC)

AND

COMMONWEALTH COURT (CJC)

OFFICIAL JUDGE FRANK PALUMBO

THE CITY OF PHILADELPHIA

AND

CITY OF PHILADELPHIA POLICE

OFFICER OBRIEN NO. 7461

AND UNNAMED AND UNKNOWN

CITY OF PHILADELPHIA POLICE

OFFICERS

THE PHILADELPHIA PRISON SYSTEM/

DEPARTMENT OF PRISONS

CURRAN-FROMHOLD

CORRECTIONAL FACILITY

AND

WARDEN GERALD MAY

AND PRISON OFFICERS SERGEANT

LEBESCO, C/O A. SMITH

THE PHILADELPHIA SHERIFFS OFFICE

THE PHILADELPHIA PUBLIC DEFENDERS

ASSOCIATION AND PUBLIC DEFENDER

CHRIS ANGELO

Defendant (s)

CASE NO.
CIVIL ACTION NO.

ORDER

IT IS ORDERED

This Day Of Month And Year For relief sought
also Preliminary and Permanent Injunction And Equity. Motion to Court is granted for the
following:

ORDER

DOCUMENT 2 OF 3 - ORDER

1. Total damages, fees and costs in amount of 52,002,620 (Fifty Two Million Two Thousand Six Hundred Twenty Dollars)
2. Enjoin The Commonwealth, The City Of Philadelphia, The Philadelphia Police Department from arrest and threatened criminal prosecution for alleged probation in court where, as applied to Plaintiff/Petitioner in reliance on the fourth and fourteenth amendments, that such prosecution will result in a deprivation of Constitutional Rights
3. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from overcrowding, no 3 inmate or 4 inmate celling.
4. Enjoin The Philadelphia Prison System/Department of Prisons (CFCF) from mail restrictions, violations. The reading, inspecting of inmates incoming legal, Court mail, and to not open outside of inmate presence, no outgoing mail is to be opened, and no confiscation of legal or Court materials
5. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from unreasonable strip searches, and strip searches in plain view of other inmates.
6. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from female c/o pat-frisk body searches of male inmates, and otherwise c/o's not to search inmates of opposite gender.
7. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from confiscation of property.
8. Enjoin The Philadelphia Prison System /Department Of Prisons, (CFCF) from corporal punishment, excessive lockdowns, and restrictions.
9. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) lengthy confinement.
10. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to increase amount of food tray servings.
11. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to provide and make affordable access to inmates that require special dietary.
12. Enjoin The Philadelphia Prison System/ Department Of Prisons, (CFCF) from prohibitions, threatened lock ins', and punishments to inmates of Islamic Faith for "Free Exercise" freedom of religious beliefs to worship and peaceful assemblage on housing block activity area.
13. Order For The Philadelphia Prison System/Department Of Prison, (CFCF) to maintain and enable regular Islamic religious services.
14. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to provide Islamic religious diet.
15. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to have Islamic chaplain.

ORDER

DOCUMENT 3 OF 3 - ORDER

16. Order For The Philadelphia Prison System /Department Of Prisons, (CFCF) to conduct proper classification.
17. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to meet minimum medical care requirements.
18. Order For Philadelphia Prison System/Department Of Prisons, (CFCF) to be in full compliance of THE CONSTITUTION AND LAWS OF THE UNITED STATES or be shut down by THE UNITED STATES.
19. Enjoin The Philadelphia Police Department from enforcing unlawful arrest and seizure. Prescribed under stop, frisk or search and detention policy, practice, custom or usage.
20. Order to Enforce liens against defendants in absence of monetary compliance.
21. Enjoin Defendants from any retaliatory actions against Plaintiff/Petitioner for this action brought.
22. Retain jurisdiction over this matter to assure full compliance with the order of this court and with applicable law and require Defendant to file such reports as the Court deems necessary to evaluate compliance.
23. Grant writ of Habeas Corpus for immediate release, discharge of any Probational restraint or confinement.
24. Expungement, and exoneration of The Courts, Criminal Justice Departments, police or Law Enforcement, And Federal Agencies of all Records. Including File, Photographs, D.N.A., Fingerprints, Documents and reports.

BY THE COURT

DATE

**THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

SUMMONS REQUEST: Summons In A Civil Action, Issuance, And Service; At Request of Plaintiff/Petitioner For service to be by someone specially appointed BY THE COURT. Under Rule 4(a)(1), (b), (c)(3). Of The Federal Rules Of Civil Procedure.

CERTIFIED COPY REQUEST: Plaintiff/Petitioner Requests a Stamped Dated Certified Copy Of This Filing To Be Returned To Plaintiff/Petitioner BY THE COURT. For This Plaintiff/Petitioner Has Sent An Additional Copy Of Filing.

JULY 26, 2017
DATE

Robert Taylor
ROBERT TAYLOR